



Department of Public Safety and Correctional Services

Office of the Secretary

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OOS IB # 2020-07

Effective: May 6, 2020

Expiration: When Declaration of State of
Emergency—COVID-19 is ended.

OOS INFORMATION BULLETIN

SUBJECT: Entry Access Protocols for All State Operated Facilities and
Buildings and Initial Screening Questionnaire (REVISED)

This Information Bulletin replaces the Entry Access Protocols dated March 19, 2020.

Building entry protocols must be put into place in every State agency to protect employees, visitors, and those in the care and custody of the State.

ALL individuals entering State-operated facilities must be ASKED the attached Initial Screening Questions.

The Initial Screening Questionnaire script must be followed. The Questionnaire should NOT be handed to individuals to complete. The questions must be asked and the screener must attempt to maintain a distance of 6 feet while asking the questions.

Access to State Office Buildings

- Entry screening staff **MUST** be present at all entrances.
- Access will be controlled.
- Prior to entry all individuals (staff, visitors, vendors, contractors, etc.) must be ASKED the Initial Screening Questionnaire by entry screening staff.
- Individuals who answer YES to any question on the Initial Screening Questionnaire OR refuse to participate in the screening process must be denied access to the facility.
- Refusal by an employee to answer screening questions may result in the employee being placed on unauthorized leave without pay and may result in the imposition of disciplinary action.

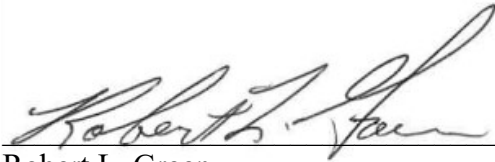
Congregate Care Facilities

- Entry screening staff **MUST** be present at all entrances.
- Access will be restricted to employees only.

- Limited access will be allowed for essential delivery services.
- Prior to entry all individuals must be ASKED the Initial Screening Questionnaire AND a temperature check MUST be conducted.
- Individuals who answer YES to any question on the Initial Screening Questionnaire OR have a temperature of 100F or higher OR refuse to participate in the screening process must be denied access to the facility.
- Refusal by an employee to submit to a temperature check or answer screening questions may result in the employee being placed on unauthorized leave without pay and may result in the imposition of disciplinary action.

For employees that are denied entry, Duty Lieutenant/Shift Commander/Supervisor is to be notified AND completed forms are to be sent to Jessica Dempsey, DPSCS Occupational Health and Safety. Jessica.Dempsey@maryland.gov

Attachment: Initial Screening Questionnaire, Revised 05/2020



Robert L. Green
Secretary

Distribution: A
C
D
S – Executive Leadership Team
R – Roll Call

INITIAL SCREENING QUESTIONNAIRE

IMPORTANT: THE SCREENER SHOULD IMMEDIATELY STOP THE SCREENING AND DENY ACCESS TO ANY INDIVIDUAL WHO ANSWERS YES TO ANY SCREENING QUESTION.

For infection control purposes, I need to ask you a few questions:	
<p>Have you had any of the following <u>new</u> symptoms or combination of symptoms in the last 5 days:</p> <p><input type="checkbox"/> Cough (either new, or different than your usual cough)?</p> <p><input type="checkbox"/> Shortness of breath <input type="checkbox"/> Fever <input type="checkbox"/> Unusual muscle pain</p> <p><input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Chills <input type="checkbox"/> Sore throat</p> <p><input type="checkbox"/> Loss of taste or smell</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><u>For congregate care facilities only</u>, no visitors are allowed. All employees and vendors or contractors on official business must submit to a temperature check. Is Temperature 100.4°F [38°C] or above?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Record temperature check here: _____</p>



Individuals who answer **YES** to **ANY** question on the Initial Screening Questionnaire **OR** have a temperature of 100.4°F [38°C] **OR** refuse to participate in the screening process **must** be denied access to the facility.

Name of Individual Seeking Access _____ (please print)

Access Determination _____ Denied

Name of staff completing form _____ Date: _____ Time: _____
(Please print)